

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

02/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Integrated Dental Systems LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 46-1342970

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

145 Cedar Lane
Englewood, NJ 07631

Number, Street, City, State & ZIP Code

Bergen
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor **Integrated Dental Systems LLC**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Integrated Dental Systems LLC**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Integrated Dental Systems LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 7, 2020**
MM / DD / YYYY

X /s/ Carey Lyons

Signature of authorized representative of debtor

Carey Lyons

Printed name

Title **CEO**

18. Signature of attorney

X /s/ S. Jason Teele

Signature of attorney for debtor

Date **October 7, 2020**

MM / DD / YYYY

S. Jason Teele

Printed name

Sills Cummis & Gross P.C.

Firm name

One Riverfront Plaza

Newark, NJ 07102

Number, Street, City, State & ZIP Code

Contact phone **(973) 643-4779**

Email address **steele@sillscummis.com**

4025805 NY

Bar number and State

Fill in this information to identify the case:

Debtor name Integrated Dental Systems LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 7, 2020

X /s/ Carey Lyons

Signature of individual signing on behalf of debtor

Carey Lyons

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Integrated Dental Systems LLC**
 United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Recovery 466 Main Street, Lower Level New Rochelle, NY 10801						\$9,367.56
Brandwerks3 8370 Karina Court Naples, FL 34114						\$5,390.00
Carmex Precision Tools Ltd. 1 Hacharoshet St. Maalot Industrial Zone 2101302						\$144.62
ConnectOne Bank 301 Sylvan Avenue Englewood Cliffs, NJ 07632				\$1,977,604.17	\$0.00	\$1,977,604.17
ConnectOne Bank 301 Sylvan Avenue Englewood Cliffs, NJ 07632		PPP Loan (Obligation to be forgiven pursuant to applicable law.)	Contingent			\$851,000.00
Glidewell PO Box 6260 Newport Beach, CA 92658						\$8,191.00
Goldberg Segalla LLP 665 Main St., Suite 200 Buffalo, NY 14203		New York, New York				\$130.00
Kometabio 51 6th Street Cresskill, NJ 07626						\$4,560.00

Debtor **Integrated Dental Systems LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Light Instruments Inc. PO Box 223 Attn: Eric Ben Mayor, CEO Yokneam, Illit, Israel			Contingent Unliquidated Disputed Subject to Setoff			\$0.00
Maven Fulfillment 433 Seminole Street Essington, PA 19029						\$711.29
Megagen Korea 45 Secheon-ro 7-gil Dasa-eup Dalseong-gun, Daegu 71285-2000						\$6,862,058.19
Megagen Rebate Account 377-2 Goychon-ri Jain-myun Gyeonsan Gyungbuk 71285-2000						\$1,676,640.00
P & S LLC 300 Sylvan Avenue Englewood Cliffs, NJ 07632						\$2,646.50
Preat Corporation 2625 Skyway Dr., Suite B Santa Maria, CA 93455		2625 Skyway Dr suite b, Santa Maria, CA 93455				\$2,646.50
RAM Products 182 Ridge Road, Suite D Dayton, NJ 08810						\$1,295.00
RR Donnelley & Sons Company 7810 Solution Center Chicago, IL 60677						\$20,094.86
Small Business Administration Washington, DC 20416				\$150,000.00	\$0.00	\$150,000.00

Fill in this information to identify the case:

Debtor name Integrated Dental Systems LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 7,041,242.89
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 7,041,242.89

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 2,127,604.17
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 9,444,875.52
4. Total liabilities Lines 2 + 3a + 3b	\$ 11,572,479.69

Fill in this information to identify the case:Debtor name Integrated Dental Systems LLCUnited States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. ConnectOne BankOperating0169Unknown3.2. ConnectOne BankPayrollUnknown**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. Vendor Prepayments/DepositsUnknown

Debtor Integrated Dental Systems LLC Case number (If known) _____
Name

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$0.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 757,984.24 - 0.00 = \$757,984.24
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$757,984.24

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Inventory		\$0.00		\$6,283,258.65

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$6,283,258.65

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Debtor Integrated Dental Systems LLC Case number (If known) _____
Name

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Furniture, Fixtures & Equipment	\$0.00		Unknown

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

Debtor Integrated Dental Systems LLC Case number (If known) _____
Name

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Reflect (Registered Trademark) SmartTouch (Registered Trademark) IDS Integrated Dental Systems (Registered Trademark)	Unknown		Unknown

61. Internet domain names and websites
62. Licenses, franchises, and royalties
63. Customer lists, mailing lists, or other compilations
64. Other intangibles, or intellectual property
65. Goodwill

66. **Total of Part 10.** \$0.00
Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)
☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**
☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
 Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

	Current value of debtor's interest
71. Notes receivable Description (include name of obligor)	
72. Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73. Interests in insurance policies or annuities	
74. Causes of action against third parties (whether or not a lawsuit has been filed)	
Litigation Claims (Megagen US LLC et al)	Unknown
Nature of claim	
Amount requested	\$0.00

Debtor Integrated Dental Systems LLC Case number (If known) _____
Name

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Integrated Dental Systems LLC Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$757,984.24</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$6,283,258.65</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$7,041,242.89</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$7,041,242.89</u>

Fill in this information to identify the case:

Debtor name Integrated Dental Systems LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	ConnectOne Bank <small>Creditor's Name</small> 301 Sylvan Avenue Englewood Cliffs, NJ 07632 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 3944 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,977,604.17	\$0.00

2.2	Small Business Administration <small>Creditor's Name</small> Washington, DC 20416 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 7904 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$150,000.00	\$0.00
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Debtor **Integrated Dental Systems LLC**
Name

Case number (if known)

☒ No

☐ Contingent

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,127,604.1
7

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

Fill in this information to identify the case:

Debtor name **Integrated Dental Systems LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address American Recovery 466 Main Street, Lower Level New Rochelle, NY 10801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$9,367.56
3.2	Nonpriority creditor's name and mailing address Brandwerks3 8370 Karina Court Naples, FL 34114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,390.00
3.3	Nonpriority creditor's name and mailing address Carmex Precision Tools Ltd. 1 Hacharoshet St. Maalot Industrial Zone 2101302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$144.62
3.4	Nonpriority creditor's name and mailing address ConnectOne Bank 301 Sylvan Avenue Englewood Cliffs, NJ 07632 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PPP Loan (Obligation to be forgiven pursuant to applicable law.) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$851,000.00

Debtor	Integrated Dental Systems LLC		Case number (if known)
	Name		
3.5	Nonpriority creditor's name and mailing address Glidewell PO Box 6260 Newport Beach, CA 92658 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,191.00
3.6	Nonpriority creditor's name and mailing address Goldberg Segalla LLP 665 Main St., Suite 200 Buffalo, NY 14203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ <u>New York, New York</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
3.7	Nonpriority creditor's name and mailing address Kometabio 51 6th Street Cresskill, NJ 07626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,560.00
3.8	Nonpriority creditor's name and mailing address Light Instruments Inc. PO Box 223 Attn: Eric Ben Mayor, CEO Yokneam, Illit, Israel Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
3.9	Nonpriority creditor's name and mailing address Maven Fulfillment 433 Seminole Street Essington, PA 19029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$711.29
3.10	Nonpriority creditor's name and mailing address Megagen Korea 45 Secheon-ro 7-gil Dasa-eup Dalseong-gun, Daegu 71285-2000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,862,058.19
3.11	Nonpriority creditor's name and mailing address Megagen Rebate Account 377-2 Goychon-ri Jain-myun Gyeonsan Gyungbuk 71285-2000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,676,640.00

Debtor **Integrated Dental Systems LLC** Case number (if known) _____
Name

3.12 Nonpriority creditor's name and mailing address **P & S LLC**
300 Sylvan Avenue
Englewood Cliffs, NJ 07632
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$2,646.50**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.13 Nonpriority creditor's name and mailing address **Preat Corporation**
2625 Skyway Dr., Suite B
Santa Maria, CA 93455
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$2,646.50**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **2625 Skyway Dr suite b, Santa Maria, CA 93455**
Is the claim subject to offset? ☒ No ☐ Yes

3.14 Nonpriority creditor's name and mailing address **RAM Products**
182 Ridge Road, Suite D
Dayton, NJ 08810
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$1,295.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.15 Nonpriority creditor's name and mailing address **RR Donnelley & Sons Company**
7810 Solution Center
Chicago, IL 60677
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$20,094.86**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 9,444,875.52
5c.	\$ 9,444,875.52

Fill in this information to identify the case:

Debtor name **Integrated Dental Systems LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Real Property Lease**

State the term remaining

List the contract number of any government contract

**145 Cedar LLC
145 Cedar Lane
Englewood, NJ 07631**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement dated as of December 19, 2014**

State the term remaining

List the contract number of any government contract

**Benco Dental Supply Company, Inc.
295 CenterPoint Blvd.
Pittston, PA 18640**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement dated as of April 1, 2015**

State the term remaining

List the contract number of any government contract

**Burkhart Dental Supply Co.
2502 S. 78 St.
Tacoma, WA 98409**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement dated as of October 25, 2013**

State the term remaining

List the contract number of any government contract

**Carey Lyons
c/o Integrated Dental Systems LLC
145 Cedar Lane, Suite 205
Englewood, NJ 07631**

Debtor 1 **Integrated Dental Systems LLC**

Case number (if known)

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Supply Agreement dated as of December 18, 2019**

State the term remaining

List the contract number of any government contract

**Ditron Dental LTD
2 Haofe St. South ind. Zone
P.O.B 5010 Ashkelon 7815001 Israel**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement effective as of January 1, 2019. Termination notice issued by Debtor on or about September 18, 2020.**

State the term remaining

List the contract number of any government contract

**Light Instruments LTD
P.O.Box 223
Yokneam 2069203 Israel**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement dated as of November 15, 2016**

State the term remaining

List the contract number of any government contract

**Nashville Dental, Inc.
1229 Northgate Business Pkwy
Madison, TN 37115**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Real Estate Lease dated as of November 26, 2013**

State the term remaining

List the contract number of any government contract

**P&S LLC
c/o Glickman-Fuerst, Inc.
440 West Street
Fort Lee, NJ 07024**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Non-Exclusive Distributorship Agreement dated as of October 6, 2017**

State the term remaining

List the contract number of any government contract

**Patterson Dental Holdings, Inc.
1301 Mendota Heights Road
Saint Paul, MN 55120**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Representation Agreement dated as of July 1, 2019**

State the term remaining

**Stephen Lawry
1 Alcott Close, Dorridge, Sori hull
West Midlands UK B93 8Qj**

Debtor 1 **Integrated Dental Systems LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Integrated Dental Systems LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Integrated Dental Systems LLC
Schedule A/B-11
(Schedule of Accounts Receivable)

Customer	Balance Due
A & S	2,683.58
Dr. Alex Abernathy	305.49
Absolute Dental Services	597.09
Dr. Garo Adomian	13.49
Atlanta Dental Supply	73,079.12
Affordable Care, LLC.	853.48
Aim Dental Lab	203.49
Dr. Mohammed Alassuty	13.49
NDX Albensi *BILLING*	33.26
Dr. Crisa Allala	1,823.99
Allegheny CadCam- Dr. Kevin Pawlowicz	329.48
Dr. Karen Arakelian	13.49
Arrowhead Dental Lab	1,241.35
Artistic Dentistry	203.38
Dr. Shirley Baker	13.49
Dr. Allen Bakhtamian	4,313.30
Dr. Michael Balikyan	256.42
Dr. Michael Ban	1,385.49
Barksdale Dental Lab	165.22
Dr. Manraj Bath	175.43
Dr. Aubrey Baudean	13.49
Dr. David A. Beltran	600.00
Benco Dental	289,184.29
Foxridge Dental	197.09
Dr. Mark Bernsdorf	2,145.60
Dr. David Bishop	265.00
Bonadent Dental Lab	270.42
Dr. Michael A. Bonomo - Quakertown Dental	0.00
Dr. Rustam Devitre	653.49
Dr. Darrell P. Bourg	13.49
Dr. Gary Bram	1,066.82
Brock Laboratories	64.90
Dr. Tom Brown	153.79
Burkhart Dental Supply Company	24,058.65
Bushey Oral Surgery-Dr. Andrew Bushey	1,007.20
Cagenix, Inc.	560.56
Dr. Paul R. Calat	320.73
Capstone Dental Ceramics	80.00
Dr. Robert Carimi	22,620.74
Dr. Gary Carmassi	13.49
Dr. Anthony Ceccacci	3,179.51
Ceramic Dental Arts	124.49

Dr. Adriana Cervantes	5,585.01
Dr. Henry Chang	499.98
Chestnut Hills Dental - Murrysville	1,141.21
Dr. William Choby	5,178.39
Dr. Chung Dental Group	33.49
Dr. Benham Cohen	6,090.94
Dr. Juan Collado	3,082.98
Dr. Jason Collier	51.77
David M. Schleider - Commonwealth Consignment	492.08
Complete Dental	13.49
Parkway Dental Center - Dr. Catalin Constantin	16,840.91
Continental Dental Lab	305.13
Core 3D Centres/Cerum Dental	4,547.45
Dr. Michael Corsello	2,198.09
Dr. John Craig	74.69
Dr. Lorin Creer	4,127.39
Dental Works- Crystal Lake	766.00
Dr. Fabrizio Dall'Olmo Tustin CA	0.00
Dani Dental Studio	344.77
Davis Dental Lab	164.96
Dr. Spartak Delakyan	143.09
Dental Art Lab	73.49
Dental Care Alliance	15,991.17
Dental Works	2,975.00
Denta Tech Lab	110.53
Dental Health Products, Inc.	1,856.98
Ditron Dental	199.90
D-Net Dental Lab	133.49
Dr. Sameer Dogra - River Road Dental Associates	4,134.73
Dr. Joshua Dorsett	4,844.00
Phisuthikul Drew	1,431.00
Dental Services Group	563.99
Dr. Joseph Dumanski	965.02
UR Accounts Payable Brooks Landing Business Ctr	241.20
Encore Dental of Jackson	3,838.64
Encore Dental of Toms River	133.49
Ultimate Dental - Endoco	178.19
Dr. Andrew Engel	0.00
Epic Dental Studios	0.00
Dr. Feliciano Espaillat	4,821.87
Estrella Dental	30,778.83
Estrella Dental Lake Murray	17,922.45
Family Dental Group-Dr. Robert Friedman	218.67
First Choice Dental Lab	108.43
Dr. Jeff Fleming	26.98
Foresight Dental Restorations	85.49
Forrister Dental Lab Inc.	96.00

Dr. Natalia Franco - The Dental Place	13.49
GKY Dental Arts	393.49
Dr. Cary Ganz	57.40
North Capital Dental-Dr. Irina Ganzha	444.84
Sales - Michael Gendron	112.89
Dr. Alexander Gerskowitz	295.38
Dr. Aldo Giordano	7,105.60
Glidewell Dental (Newport Beach)	5,294.93
Goetze Dental	7,076.95
Dr. Yilka Gomez	2,476.98
Dr. Gerard Gonsalves	1,079.98
Dr. Natalie Gor	100.68
GPC Oral & Facial Surgery /Mosso	29.08
Dr. Mark Grenadier	3,343.45
Dr. Michael R Grier	12,435.40
Dr. Mark Gutt	13.49
Dr. Chungyoon Ha	210.98
Dr. Maury Hafernik	13.49
Dr. Kent Hales	142.00
Tribeca Dental Associates	720.00
Delaram Hanookai-Southland Dental Care	6,601.56
Dr. Robert Harrell	13.49
Dr. Wade Harrouff - Tradition Dental	13,790.04
Heartland Dental	818.47
Dr. Frederick G Hegedus	1,849.78
Dr. Phil Herlihey	13.49
Hermanson Lemke Dental Lab	968.89
Hershberger Dental Lab Inc.	143.49
Highland Dental Group	61.49
Dr. Timothy J Hill	7,110.43
Hingham Dentistry	171.19
Dr. Hui Huang - Winchester Family Dental	2,149.74
Dr. Sherief Hussein	0.00
Dr. Christine Ibinson-Ballew	24.35
IDS Trial Surgery	61.71
Implant Wide LLC	740.09
Implant Wide LLC Consignment	1,384.95
Dr. Paolo Incampo	217.49
Interdent Accounts Payable	608.38
DSG-Issaquah Dental Lab *BILLING ONLY*	144.99
Dr. Shankar Iyre	392.00
Dr. Mark N. Jacobson	5,529.74
J Dental Lab	418.98
Dr. Ruohong Jiang	348.79
Arthur Johnson, III, MD, DDS	104.05
Dr. Heath Jones	413.49
Dr. Samuel T. Jung	1,762.50

KA Dental Group - Krunal Patel	7,502.67
Dr. Michael Kampourakis	451.53
Dr. Rupl Kaur	692.00
Keating Dental Arts	393.49
Sales - Lindsey Keister	13.49
Dental Keramik	122.54
Dr.Soo Bum Kim	654.72
Dr. Gilbert Kim	5,516.00
Dr. Daniel T Kim	1,125.30
Dr. Hal & Adam Kimowitz	13.49
Knight Dental Group	256.43
Dr. Nolan V. Krinick	7,651.99
Dr. Robert Krueger	89.29
Dr. Neha Kumar - Dental Works	41.08
Dr. Myung Hoon Kwak	0.45
La Precision	85.83
Sales - Inessa Lambros	192.00
Dr. Sung Kil Lee	8,659.00
Dr. David Lee	1,522.76
Dr. Ian M. Lerner	2,362.76
Dr. Mark Link	363.49
Dr. John Little - Dentistry at Sea Girt	25.65
Long Falls Dental - Dr. Salam	4,077.50
Lucky Seven Dentistry - Dr. Mario Carbot	1,523.00
Dr. Luis Lugo	9,092.55
Dr. Keith Macdonald	6,017.12
Livewell Dentistry - Dr. Gary Machiko	10.50
Magnolia Dental - Drs. Staples & Quartano	13.49
Dr. Kai Mai	493.49
Dr. Farzam Maleki	347.99
Dr. Hanna Mansoor	2,302.98
Dr. Andrew Marcus	498.21
Sales - William D Maricic	13.49
Dr. Monte McCourt	2,884.05
Dr. Kevin McMahon	1,296.40
Midwest Dental	12,354.01
Dr. Marc Meiselman	4,022.65
Dr. Sean W. Meitner	937.49
Midway Dental Supply	11,623.50
Dr. Bruce J Milner	1,830.26
Dr. James Minutello	355.47
Dr. Farshad Moftakhar	155.00
Dr. German Murias, D.D.S.	120.47
National Dentex Corp	558.87
NATIONAL DENTAL	1.50
Nashville Dental, Inc.	10,466.66
Dr. Bradley Nelson	92.69

Newport Dental Laboratories	0.00
Dr. Kent Nicklas	0.00
Nicosia Dental Lab	666.59
NJ Dental Lab	128.00
Dr. Marc Nordstrom	1,507.16
Dr. Victoria Olshansky	112.49
Dr. Jui Ray Pan	193.49
Dr. Priya Parasher	736.98
Partridge Dental Lab	213.49
Dr. Hemant Patel	2,667.55
Dr. Lidia Paz	4,085.59
Dr. Jordan Pelchovitz-Kenwood Dentistry	1,532.86
Dr. Lynna Pillai	62.49
Practicon	1,229.08
Prime Dental - Dr. Joyce Guojun Ma	6,426.54
Pro-Craft Dental Lab	877.31
Prohealth Dental	84.49
Dr. Carmen Rijos	834.00
Dr. Richard Romano	1,996.38
Sales - Barry Ronk	13.49
Real Smile Dental - Dr. Alexander Rubinov	6,485.98
Sabra Dental Lab	102.00
Dr. Samir Alaswad - Orangevale Dental	78.62
Dr. Sarabia Edgar Pabel	110.00
Dr. Martin Schapiro	438.00
Dr. Joseph Sciarrino	501.47
Seven Dental - Hialeah	890.53
Total Dental Care Dr. Steven R Singh	13.49
Dr. Harchand Singh - Tukwila Dental	1,432.48
Smile Brands	1,792.43
Smile Design Dental Lab	393.49
Smiles Dental - Lacey	173.49
Smile Up Dentistry - Dr. Sonya Reddy	358.49
Steubenville Perio-Dr. Susan Smith	52.86
Snyder & Dugan Oral and Maxillofacial Sx	13.49
Snyder & Dugan Oral and Maxillofacial Sx	13.49
Medcoa Dental- Dr. Eun Young So	10.50
St Vincent de Paul Dental Clinic	746.98
Dr. Berry Stahl	337.50
Dr. Jerry H Stahl	2,767.88
St. Barnabas Hospital	1,827.96
Dr. Steven Stern - Windsor Dental	3,701.98
Dr. Jon-Christian Stewart	36.65
Stonecreek Dental (Chillicothe) - Dr Matt Wotring	97.98
StoneRidge Dental Care	13.49
Dr. Beeren Gajjar	2,520.06
Dr. Jerome H Stroumza	735.17

Dr. Randal Swanlund	2,641.24
Keene Dentistry & Implants/Dr. Aman Syed	5,361.60
Dr. Isaac Tawil	13,070.19
Technique Porcelain Studio	110.99
Tetra Dynamics	586.98
Dr. Hung Thai	15,830.39
Dr. Adrienne Tomer	0.00
Wexford Prof.Bldg III-Dr. Frank Tominac	689.40
Dr. Tommy Tong	1,495.31
Trucrown	423.13
Dr. James Tsai	97.49
Dr. Tim Tufankjian	1,236.63
Dr. Dean Vafiadis - Dr. Gerace	168.19
Valley Dental Arts	123.49
Van Hook Dental Studio	680.49
VA Consignment Dr. Ross Wlodawsky	23,597.60
Dr. Gregory Vaysleyb	13.49
Dr. Emil M Verban	6,091.24
Dr. Lupo Villega	703.49
Dr. Doug Voiers	61.49
Uptown Premier Dental - Dr. Athena A. Vu	3,805.97
Dr. Ivy X. Wang - Bright Dental PC	19.13
Ward Dental Lab	93.49
Dr. Morris Wasylenki	1,761.03
Dr. Ross Wlodawsky	1,875.16
YE Dental Office	650.98
Dr. Cornelius & Daniel Yen	3,418.58
York Dental Lab	215.49
Dr. Jang Rong Young	1,943.86
Dr. Galina Zhukova	167.49
Dr. Alexander Zubkov	686.89
TOTAL	757,984.24

Fill in this information to identify the case:

Debtor name **Integrated Dental Systems LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From **1/01/2020** to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$6,221,097.00

For prior year:

From **1/01/2019** to **12/31/2019**

☒ Operating a business

☐ Other _____

\$16,819,463.97

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

3.1. **See attached Schedule SOFA-3**

\$0.00

☐ Secured debt
☐ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☐ Other _____

Debtor **Integrated Dental Systems LLC**

Case number (if known) _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See attached Schedule SOFA-4		\$0.00	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Debtor **Integrated Dental Systems LLC**

Case number (if known) _____

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?**
Address**If not money, describe any property transferred****Dates****Total amount or value****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.**Who received transfer?**
Address**Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply**Address****Dates of occupancy**
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☐ Yes. Fill in the information below.**Facility name and address****Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care****Part 9: Personally Identifiable Information**

Debtor **Integrated Dental Systems LLC**

Case number (if known)

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a

Debtor **Integrated Dental Systems LLC**

Case number (if known) _____

similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements**26a.** List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☒ None

Name and address	Date of service From-To
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26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
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26b.1. **PKF O'Connor Davies LLP**
300 Tice Boulevard, Suite 315
Woodcliff Lake, NJ 07677

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Debtor **Integrated Dental Systems LLC**

Case number (if known) _____

Name and address**If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory**Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Carey Lyons		Chief Executive Officer	32.49
David Singh		Chief Financial Officer	8.15

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient**Amount of money or description and value of property****Dates****Reason for providing the value**

30.1 See attached Schedule SOFA-30

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Debtor Integrated Dental Systems LLC

Case number (if known) _____

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 7, 2020

/s/ Carey Lyons

Signature of individual signing on behalf of the debtor

Carey Lyons

Printed name

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

Integrated Dental Systems LLC

Schedule SOFA-3

(Paymentas to creditors within 90 days of filing)

Note: Excludes payments to insiders. See Schedule SOFA-30

Date	Payee	Amount
7/6/2020	Dr. Isaac Tawil	870.00
7/6/2020	Aegis Communications	4,000.00
7/6/2020	Kathryn Fiorentino	900.00
7/6/2020	David Gentile	900.00
7/6/2020	Inessa Lambros	900.00
7/6/2020	Mamaroneck Oral Surgery	669.87
7/6/2020	Maven Fulfillment	761.43
7/6/2020	Mark Mraz	900.00
7/6/2020	Mark Mraz	45.00
7/6/2020	Steven Pfefer	1,400.00
7/6/2020	PitneyBowes	600.00
7/6/2020	Principal National Life Insurance Co.	4,410.50
7/6/2020	Saeshin America, Inc.	360.00
7/6/2020	Saeshin America, Inc.	200.00
7/6/2020	Sana Software USA Inc.	3,268.20
7/6/2020	Robert Tandler	3,000.00
7/6/2020	Dr. Isaac Tawil	870.00
7/6/2020	The Hanover Insurance Group	4,613.03
7/6/2020	Melanie Wade	900.00
7/6/2020	Mark Warren	45.00
7/6/2020	Mark Warren	900.00
7/6/2020	Nathan Williams	900.00
7/6/2020	Nathan Williams	45.00
7/6/2020	Zest Anchors, LLC	8,815.00
7/6/2020	Pentagon Federal Credit Union	1,185.31
7/6/2020	William Bolton	900.00
7/6/2020	Jen Cileny Cabal Chavez	1,000.00
7/6/2020	Dentistry Today	7,100.00
7/6/2020	Engineering Materials Laboratory Inc.	4,439.00
7/14/2020	Sills Cummis & Gross	15,000.00
7/14/2020	Dr. Isaac Tawil	5,000.00
7/14/2020	W&H Impex	201.00
7/14/2020	Xerox Financial Services	1,434.68
7/14/2020	Zest Anchors, LLC	1,624.55
7/14/2020	Dr. Dilip Dudhat-Advanced Dental Esthetics	72,000.00
7/14/2020	Dentistry Today	7,100.00
7/14/2020	Engineering Materials Laboratory Inc.	4,019.00
7/14/2020	Christopher Hockom	900.00
7/22/2020	Aegis Communications	3,800.00
7/22/2020	Ally	549.09
7/22/2020	Aseptico	5,090.00

Voided

7/22/2020	brandwerks3	6,245.00
7/22/2020	Ehrlich	170.60
7/22/2020	FedEx Freight	789.53
7/22/2020	Lars Hansson	1,000.00
7/22/2020	Pax Med International, LLC	3,983.00
7/22/2020	Principal National Life Insurance Co.	3,454.50
7/22/2020	Sills Cummis & Gross	11,565.27
7/22/2020	TransForma, LLC	3,000.00
7/22/2020	Zest Anchors, LLC	737.50
7/22/2020	Aegis Communications	3,800.00
7/22/2020	Ally	549.09
7/22/2020	Aseptico	5,090.00
7/22/2020	brandwerks3	6,245.00
7/22/2020	Ehrlich	170.60
7/22/2020	FedEx Freight	789.53
7/22/2020	Lars Hansson	1,000.00
7/22/2020	Pax Med International, LLC	3,983.00
7/22/2020	Principal National Life Insurance Co.	3,454.50
7/22/2020	Sills Cummis & Gross	11,565.27
7/22/2020	TransForma, LLC	3,000.00
7/22/2020	Zest Anchors, LLC	737.50
7/22/2020	Dr. Mark Gutt	190.40
7/22/2020	Dattilo & Hall Oral & Maxillofacial	535.00
7/31/2020	Harrison Frazer Search Ltd	10,000.00
7/31/2020	ITL Dental	267.29
7/31/2020	Kometabio	2,280.00
7/31/2020	Lanmark 360	25,000.00
7/31/2020	Maven Fulfillment	787.69
7/31/2020	Aseptico	1,413.16
7/31/2020	Pax Med International, LLC	6,918.60
7/31/2020	Principal National Life Insurance Co.	2,796.51
7/31/2020	RAM Products	4,245.12
7/31/2020	Saeshin America, Inc.	1,920.00
7/31/2020	Sana Software USA Inc.	7,975.00
7/31/2020	Sills Cummis & Gross	14,036.00
7/31/2020	Texas Comptroller of Public Accts	775.62
7/31/2020	The Hanover Insurance Group	4,633.03
7/31/2020	Technique Porcelain Studio	816.56
7/31/2020	Viva Learning LLC	5,250.00
7/31/2020	Natasha Welsh	510.96
7/31/2020	Xerox Financial Services	1,434.68
7/31/2020	Zest Anchors, LLC	1,759.50
7/31/2020	Daniel Singh	125.00
7/31/2020	Groman Inc.	517.50
7/31/2020	GS1 US, Inc.	500.00
7/31/2020	GS Graphics	151.78
8/5/2020	Christopher Hockom	900.00

Voided
Voided

8/5/2020	Inessa Lambros	900.00
8/5/2020	Mark Mraz	945.00
8/5/2020	Steven Pfefer	1,400.00
8/5/2020	Robert Tandler	3,000.00
8/5/2020	Melanie Wade	900.00
8/5/2020	Mark Warren	945.00
8/5/2020	W&H Impex	301.50
8/5/2020	Nathan Williams	945.00
8/5/2020	BMW Bank	1,195.31
8/5/2020	William Bolton	900.00
8/5/2020	Jen Cileny Cabal Chavez	1,000.00
8/5/2020	Kathryn Fiorentino	900.00
8/5/2020	Michael Gendron	945.00
8/5/2020	David Gentile	900.00
8/5/2020	Dr. Dilip Dudhat	24,000.00
8/12/2020	Aegis Communications	27,400.00
8/12/2020	brandwerks3	1,045.00
8/12/2020	Ehrlich	179.13
8/12/2020	PKF O'Conner Davies	900.00
8/12/2020	Stacy Schwarz	104.98
8/12/2020	Dr. Isaac Tawil	870.00
8/12/2020	W&H Impex	201.00
8/12/2020	Dr. Edgar Molina	1,220.86
8/12/2020	Dr. Jin Kim	3,102.50
8/12/2020	Dr. Isaac Tawil	6,511.65
8/14/2020	Goldberg Segalla	10,000.00
8/14/2020	RAM Products	3,885.00
8/14/2020	Sana Software USA Inc.	600.00
8/14/2020	Dr. Isaac Tawil	2,408.70
8/14/2020	Technique Porcelain Studio	2,351.69
8/14/2020	Dental Crafters	750.00
8/14/2020	Engineering Materials Laboratory Inc.	4,415.00
8/14/2020	GEICO	624.25
8/14/2020	Geico	721.30
8/14/2020	Pax Med International, LLC	14,030.80
8/14/2020	Sills Cummis & Gross	19,832.00
8/14/2020	Daniel Singh	143.00
8/25/2020	Daniel Singh	259.00
8/31/2020	Ally	549.09
8/31/2020	Principal National Life Insurance Co.	657.99
9/4/2020	Engineering Materials Laboratory Inc.	7,693.50
9/4/2020	Kathryn Fiorentino	900.00
9/4/2020	Michael Gendron	1,139.71
9/4/2020	David Gentile	900.00
9/4/2020	Christopher Hockom	900.00
9/4/2020	Inessa Lambros	900.00
9/4/2020	Maven Fulfillment	748.82

9/4/2020	Mark Mraz	956.70	Voided
9/4/2020	Pax Med International, LLC	14,030.80	
9/4/2020	Steven Pfefer	1,400.00	
9/4/2020	Roe Dental Lab	800.00	
9/4/2020	Robert Tandler	3,000.00	
9/4/2020	Melanie Wade	900.00	
9/4/2020	Mark Warren	945.00	
9/4/2020	W&H Impex	1,222.75	
9/4/2020	Nathan Williams	1,655.35	
9/4/2020	Xerox Financial Services	1,434.68	
9/4/2020	Zest Anchors, LLC	8,405.75	
9/4/2020	BMW Bank	1,195.31	
9/4/2020	William Bolton	942.19	
9/4/2020	Jen Cileny Cabal Chavez	1,000.00	
9/4/2020	Geoffrey Crespo	100.00	
9/15/2020	Ally	549.09	
9/15/2020	GS Graphics	147.85	
9/15/2020	Minnesota Partnership Tax	210.00	
9/15/2020	Texas Comptroller of Public Accts	4,101.40	
9/15/2020	BMW Bank of North America	300.00	
9/18/2020	Saeshin America, Inc.	970.00	
9/18/2020	Aseptico	5,306.00	
9/18/2020	Sana Software USA Inc.	600.00	
9/18/2020	IOS Dental Academy	4,000.00	
9/22/2020	RAM Products	2,590.00	
9/22/2020	Sills Cummis & Gross	59,453.61	
9/25/2020	Aseptico	54.00	
9/25/2020	Maven Fulfillment	783.80	
9/25/2020	Hyelim Lyu	360.00	
9/25/2020	Aseptico	5,000.00	
9/25/2020	Complete Document Solutions	310.00	
9/25/2020	Ehrlich	179.13	
9/25/2020	RR Donnelley	8,211.16	
9/25/2020	Zest Anchors, LLC	1,466.25	
9/25/2020	Zest Anchors, LLC	937.50	
9/25/2020	Zest Anchors, LLC	112.50	
9/25/2020	RAM Products	2,590.00	

Integrated Dental Systems LLC

Schedule SOFA-30

(Payments, distributions, or withdrawals to insiders)

Date	Payee	Amount
10/1/2019	Carey Lyons	554.00
10/5/2019	Carey Lyons	150.23
10/7/2019	Carey Lyons	125.00
10/8/2019	Carey Lyons	367.30
10/9/2019	Carey Lyons	327.30
10/10/2019	Carey Lyons	1,419.52
10/10/2019	Carey Lyons	184.06
10/22/2019	Carey Lyons	25,000.00
11/10/2019	Carey Lyons	319.00
11/11/2019	Carey Lyons	184.06
11/22/2019	Carey Lyons	263.91
11/23/2019	Carey Lyons	44.96
11/25/2019	Carey Lyons	25,000.00
11/25/2019	Carey Lyons	35.97
12/10/2019	Carey Lyons	184.02
12/13/2019	Carey Lyons	25,000.00
1/3/2020	Carey Lyons	22,800.00
2/10/2020	Carey Lyons	187.42
2/11/2020	Carey Lyons	22,800.00
3/2/2020	Carey Lyons	30,000.00
3/10/2020	Carey Lyons	187.42
4/13/2020	Carey Lyons	187.42
4/23/2020	Carey Lyons	15,000.00
5/14/2020	Carey Lyons	22,000.00
5/28/2020	Carey Lyons	600.00
6/9/2020	Carey Lyons	2,700.00
6/10/2020	Carey Lyons	187.42
6/24/2020	Carey Lyons	22,000.00
7/10/2020	Carey Lyons	187.38
7/14/2020	Carey Lyons	252.74
7/15/2020	Carey Lyons	22,800.00
7/15/2020	Carey Lyons	11.00
7/23/2020	Carey Lyons	5.02
7/29/2020	Carey Lyons	121.33
8/4/2020	Carey Lyons	8.84
8/4/2020	Carey Lyons	208.40
8/10/2020	Carey Lyons	22,300.00
8/22/2020	Carey Lyons	237.28
8/29/2020	Carey Lyons	121.33
9/1/2020	Carey Lyons	106.44

Date	Payee	Amount
10/7/2019	David Singh	25,000.00
11/7/2019	David Singh	25,000.00
12/4/2019	David Singh	25,000.00
1/3/2020	David Singh	22,000.00
2/3/2020	David Singh	25,000.00
3/2/2020	David Singh	25,000.00
4/3/2020	David Singh	15,000.00
5/4/2020	David Singh	20,000.00
6/2/2020	David Singh	20,000.00
7/1/2020	David Singh	20,000.00
8/3/2020	David Singh	20,000.00

**United States Bankruptcy Court
District of New Jersey**

In re **Integrated Dental Systems LLC**

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Carey Lyons		55.23%	
David Singh		24.45%	
Martha Miqueo		7.12%	
Megagen Korea		5.50%	
Steven Pfefer		2.20%	
Sung Lee		5.50%	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **October 7, 2020**

Signature **/s/ Carey Lyons**
Carey Lyons

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

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District of New Jersey**

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VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **October 7, 2020**

/s/ Carey Lyons

Carey Lyons/CEO

Signer/Title

145 Cedar LLC
145 Cedar Lane
Englewood, NJ 07631

American Recovery
466 Main Street, Lower Level
New Rochelle, NY 10801

Benco Dental Supply Company, Inc.
295 CenterPoint Blvd.
Pittston, PA 18640

Brandwerks3
8370 Karina Court
Naples, FL 34114

Burkhart Dental Supply Co.
2502 S. 78 St.
Tacoma, WA 98409

Carey Lyons
c/o Integrated Dental Systems LLC
145 Cedar Lane, Suite 205
Englewood, NJ 07631

Carmex Precision Tools Ltd.
1 Hacharoshet St.
Maalot Industrial Zone
2101302

ConnectOne Bank
301 Sylvan Avenue
Englewood Cliffs, NJ 07632

ConnectOne Bank
301 Sylvan Avenue
Englewood Cliffs, NJ 07632

Ditron Dental LTD
2 Haofo St. South ind. Zone
P.O.B 5010 Ashkelon 7815001 Israel

Glidewell
PO Box 6260
Newport Beach, CA 92658

Goldberg Segalla LLP
665 Main St., Suite 200
Buffalo, NY 14203

Internal Revenue Service
PO Box 7317
Philadelphia, PA 19101-7317

Kometabio
51 6th Street
Cresskill, NJ 07626

Light Instruments Inc.
PO Box 223
Attn: Eric Ben Mayor, CEO
Yokneam, Illit, Israel

Light Instruments LTD
P.O.Box 223
Yokneam 2069203 Israel

Maven Fulfillment
433 Seminole Street
Essington, PA 19029

Megagen Korea
45 Secheon-ro 7-gil
Dasa-eup
Dalseong-gun, Daegu 71285-2000

Megagen Rebate Account
377-2 Goychon-ri Jain-myun
Gyeonsan Gyungbuk 71285-2000

N.J. Division of Taxation
Bankruptcy Section
PO Box 245
Trenton, NJ 08695

Nashville Dental, Inc.
1229 Northgate Business Pkwy
Madison, TN 37115

Office of the Attorney General - NJ
RJ Hughes Justice Complex
25 Market Street, Box 080
Trenton, NJ 08625

Office of the Attorney General - US
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530

P & S LLC
300 Sylvan Avenue
Englewood Cliffs, NJ 07632

P&S LLC
c/o Glickman-Fuerst, Inc.
440 West Street
Fort Lee, NJ 07024

Patterson Dental Holdings, Inc.
1301 Mendota Heights Road
Saint Paul, MN 55120

Preat Corporation
2625 Skyway Dr., Suite B
Santa Maria, CA 93455

RAM Products
182 Ridge Road, Suite D
Dayton, NJ 08810

RR Donnelley & Sons Company
7810 Solution Center
Chicago, IL 60677

Small Business Administration
Washington, DC 20416

Stephen Lawry
1 Alcott Close, Dorridge, Sorihiull
West Midlands UK B93 8Qj

**United States Bankruptcy Court
District of New Jersey**

In re **Integrated Dental Systems LLC**

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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Integrated Dental Systems LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

October 7, 2020

Date

/s/ S. Jason Teele

S. Jason Teele

Signature of Attorney or Litigant

Counsel for **Integrated Dental Systems LLC**

Sills Cummis & Gross P.C.

One Riverfront Plaza

Newark, NJ 07102

(973) 643-4779

steele@sillscummis.com